

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
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30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40	1					
41		1				
42		1				
43		3				
44		3				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	4					
TOTAL DEP.		70				
TOTAL CLAIMS		74				

	A		B		C	
	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60	1					
61		1				
62		2				
63		2				
64	1					
65		1				
66		1				
67	1					
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						